PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Number					
Effective October 1, 2003								10802445						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			·OR		THAN ENTITY	
T	OTAL CLAIM	S	32	32				RATE		FEE	7	RATE	FEE	
FOR .			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE		385.00	02	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			32	32 minus 20=		12		. XS 9=		108	OR	X\$18=		
IN	DEPENDENT (CLAIMS .	2,	2-minus 3 =		6		X43=		100		X86=		
MI	ULTIPLE DEPE	NDENT CLAIM I	PRESENT					10.0			OR	7002		
• {	* If the difference in column 1 is less than zero, enter *0* in column 2										OR	÷290=		
									-	493	OR	TOTAL		
	(Column 1) (Column 2) (Column 3)							SMAL	LE	NTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		PIATE	ADDI- TIONAL FEE	
	Total	.31	Minus	- 3	32	•	·	X\$ 9≈			OR	XS18=		
	Independent	ENTATION OF M	Minus		2		 	X43=	T		ÒR	X86=		
	FIRST PRES	ENTATION OF M	OCTIPLE DE	PENDENT	CLAIM			+145=	1		оя	+290=		
3-01-06								TOTA	╬			TOTAL		
		(Column 1)		(Colum	•	(Column 3)	A	ODIT. FE	E L	ل	OR,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING		HIGHE	ST		Г		T	ADDI-	ſ		ADDI-	
		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	1	IONAL FEE		RATE	TIONAL FEE	
	Total	. 31	Minus	-3	1	۰		X\$ 9=		-	OR	X\$18=		
	Incependent	1. 2.	Minus	-	3_	-	·ſ	X43=	T		OR	X86=	:	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+290=		
									1	-	OR .	TOTAL DOIT, FEE	\Rightarrow	
(Column 1) (Column 2) (Column 3)														
Z L		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	A ISLY	PRESENT EXTRA	Γ	RATE ·	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	T	X\$ 9=	T			X\$18=	765	
	Independent	•	Minus				-	X43=	┝	—— '	DR -			
٢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									(°	DR -	X86=	· · ·	
• 40	* If the entry in column 3 is loca than the									c	P	+290=]	
_ 11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										R A	TOTAL DOTT, FEE		
· ï	he "Highest Num	ber Previously Paix	For (Total or	independent	ess the l	i 3, enter "3." highest number	_	Off. FEE I in the ap	bro	oruate box is				